

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213532356					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PROFESSIONAL FORECLOSURE CORPORATION OF VIRGINIA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JULLIE EVASCO 236 CLEARFIELD AVE. SUITE 215 VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: 04061131</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000	
CLASS	AUTHORIZED						
COMMON	5,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 236 CLEARFIELD AVE. SUITE 215</p> <p style="margin-left: 40px;">CITY/ST/ZIP: VIRGINIA BEACH, VA 23462</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JULIE EVASCO TITLE: PRESIDENT ADDRESS: 236 CLEARFIELD AVE. SUITE 215 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JULIE EVASCO TITLE: PRESIDENT ADDRESS: 236 CLEARFIELD AVE. SUITE 215 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: KRISTINE BROWN TITLE: VICE PRESIDENT ADDRESS: 10021 BALLS FORD ROAD SUITE 200 CITY/ST/ZIP/CO: MANASSAS, VA 20109	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME:	BRETT A. CALLAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	JAMES MATTHEW CANNOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102 P. O. BOX 353		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	JOYCE FANTASKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	BRIAN FANTASKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	JOSEPH F. HUNNICUTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	630 PARK AVE NW P.O. BOX 626		
CITY/ST/ZIP/CO:	NORTON, VA 24273		
NAME:	LILA JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	LINDSEY C. KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	236 CLEARFIELD AVE. SUITE 215		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	DAVID S. KREISMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4201 LAKE COOK ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		
NAME:	CHRISTINE S. MAGGARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2114 KENT STREET		
CITY/ST/ZIP/CO:	HENRICO, VA 23228		
NAME:	HOLLI SHAREE MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102 P. O. BOX 353		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		

NAME:	WANDA L. MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102 P. O. BOX 353		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	TERESA MELVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 207		
CITY/ST/ZIP/CO:	NARROWS, VA 24124		
NAME:	SUSAN MEYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	236 CLEARFIELD AVE. SUITE 215		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	DELORES OAKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 EAST COURT ST., SUITE 102 P. O. BOX 353		
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151		
NAME:	ANGIE POLLARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	DIANE POTTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	DEAN ROGERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	DAVID SALIBA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	440 E. MAIN STREET		
CITY/ST/ZIP/CO:	WYTHEVILLE, VA 24382		
NAME:	WILLIAM M. SAVAGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD SUITE 200		
CITY/ST/ZIP/CO:	MANASSAS, VA 20109		
NAME:	SUZANNE V. SCANLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10310 CARLOW RD SUITE 215		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 22902		

NAME:	GERALD SHAPIRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4201 LAKE COOK ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		
NAME:	SARAH SIMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	TIMOTHY SPAULDING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 1337		
CITY/ST/ZIP/CO:	FOREST, VA 24551		
NAME:	ANDREA THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	MARK CAREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 200 MANASSAS, VA 20109		
NAME:	R KIP STONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10021 BALLS FORD ROAD		
CITY/ST/ZIP/CO:	SUITE 201 MANASSAS, VA 20109		
NAME:	Doreen Berry	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	10021 Balls Ford Road		
CITY/ST/ZIP/CO:	Suite 200 Manassas, VA 20109		
NAME:	Jordy Hirschfeld	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 Balls Ford Rd		
CITY/ST/ZIP/CO:	Suite 200 Manassas, VA 20109		
NAME:	Lee Ann Terry	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10021 Balls Ford Road		
CITY/ST/ZIP/CO:	Suite 200 Manassas, VA 20109		
NAME:	Megan Pool	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	236 Clearfield Ave.		
CITY/ST/ZIP/CO:	Suite 215 Virginia Beach, VA 23462		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ BRETT A. CALLAHAN</u>	<u>BRETT A. CALLAHAN, VICE</u>	<u>7/11/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.